



CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	Application Number	10/621,208		
	Filing Date	July 15, 2003		
	First Named Inventor	Moncada, et al.		
	Art Unit	2832		
	Examiner Name	Anh T. Mai		
	Attorney Docket Number	039236-012000		
Please change the Correspondence Address for the above-identified application to:		<i>Place Customer Number Bar Code Label here</i>		
<input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">22204</div> <i>Type Customer Number here</i>				
OR				
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>				
Type or Printed Name	Donald L. Bartels, Reg. No. 28,282			
Signature				
Date	August 7, 2005			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of 1 form is submitted.				